

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA
2001/02
FORM **460**

Date Stamp

Page 1 of 62

For Official Use Only

Statement covers period

from 02/16/2020

through 06/30/2020

Date of election if applicable:
(Month, Day, Year)

03/03/2020

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☒ Officeholder, Candidate Controlled Committee
☒ State Candidate Election Committee
☐ Recall

(Also Complete Part 5.)

- ☐ General Purpose Committee
☐ Sponsored
☐ Small Contributor Committee
☐ Political Party/Central Committee

- ☐ Ballot Measure Committee
☐ Primary Formed
☐ Controlled
☐ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/
Officeholder Committee
(Also Complete Part 7.)

2. Type of Statement:

- ☐ Pre-election Statement
☒ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
1414387

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
GIPSON FOR ASSEMBLY 2020

STREET ADDRESS (NO P.O. BOX)

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|-------------------|-----------|--------------|----------------------|
| <u>Long Beach</u> | <u>CA</u> | <u>90802</u> | <u>(213)489-4792</u> |

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|------|-------|----------|-----------------|
|------|-------|----------|-----------------|

OPTIONAL: FAX/E-MAIL ADDRESS

213 489-4818 / dl Gould@gouldorellana.com

Treasurer(s)

NAME OF TREASURER
David Gould

MAILING ADDRESS

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|-------------------|-----------|--------------|---------------------|
| <u>Long Beach</u> | <u>CA</u> | <u>90802</u> | <u>213 489-4792</u> |

NAME OF ASSISTANT TREASURER, IF ANY
Ingrid Orellana

MAILING ADDRESS

| CITY | STATE | ZIP CODE | AREA CODE/PHONE |
|-------------------|-----------|--------------|---------------------|
| <u>Long Beach</u> | <u>CA</u> | <u>90802</u> | <u>213 489-4792</u> |

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 07/29/2020 By David Gould
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on 07/29/2020 By Mike Gipson
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Recipient Committee Campaign Statement Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

Page 2 of 62

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Mike Gipson

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

Sought: State Assembly Person

Assembly District

64

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Long Beach

CA

90802

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

MIKE GIPSON FOR CITY COUNCIL 2013

I.D. NUMBER

1265606

NAME OF TREASURER

Michelle Moore Sanders

CONTROLLED COMMITTEE?

☒ YES

☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY
Inglewood

STATE
CA

ZIP CODE
90301

AREA CODE/PHONE
310-817-6679

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES

☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT

☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT

☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

| | |
|--|---|
| Statement covers period from 02/16/2020 through 06/30/2020 | CALIFORNIA FORM 460 Page 3 of 62 I.D. NUMBER 1414387 |
|--|---|

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

GIPSON FOR ASSEMBLY 2020

Contributions Received

| | | Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) | Column B CALENDAR YEAR TOTAL TO DATE |
|---------------------------------------|--------------------|--|--|
| 1. Monetary Contributions | Schedule A, Line 3 | \$152,153.58 | \$216,516.23 |
| 2. Loans Received | Schedule B, Line 7 | \$0.00 | \$0.00 |
| 3. SUBTOTAL CASH CONTRIBUTIONS | Add Lines 1 + 2 | \$152,153.58 | \$216,516.23 |
| 4. Nonmonetary Contributions | Schedule C, Line 3 | \$3,398.30 | \$4,574.16 |
| 5. TOTAL CONTRIBUTIONS RECEIVED | Add Lines 3 + 4 | \$155,551.88 | \$221,090.39 |

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

| | 1/1 through 6/30 | 7/1 to Date |
|---------------------------|------------------|-------------|
| 20. Contribution Received | \$0.00 | \$0.00 |
| 21. Expenditures Made | \$0.00 | \$0.00 |

Expenditures Made

| | | | |
|--|----------------------|--------------|--------------|
| 6. Payments Made | Schedule E, Line 4 | \$102,885.62 | \$285,963.05 |
| 7. Loans Made | Schedule H, Line 7 | \$0.00 | \$0.00 |
| 8. SUBTOTAL CASH PAYMENTS | Add Lines 6 + 7 | \$102,885.62 | \$285,963.05 |
| 9. Accrued Expenses (Unpaid Bills) | Schedule F, Line 3 | \$4,211.31 | \$6,605.31 |
| 10. Nonmonetary Adjustment | Schedule C, Line 3 | \$3,398.30 | \$4,574.16 |
| 11. TOTAL EXPENDITURES MADE | Add Lines 8 + 9 + 10 | \$110,495.23 | \$297,142.52 |

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

| Date of Election (mm/dd/yy) | Total to Date |
|--------------------------------|---------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Current Cash Statement

| | | | |
|---|---|--------------|--|
| 12. Beginning Cash Balance | Previous Summary Page, Line 16 | \$284,092.75 | To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any). |
| 13. Cash Receipts | Column A, Line 3 above | \$152,153.58 | |
| 14. Miscellaneous Increases to Cash | Schedule I, Line 4 | \$236.29 | |
| 15. Cash Payments | Column A, Line 8 above | \$102,885.62 | |
| 16. ENDING CASH BALANCE | Add Lines 12 + 13 + 14, then subtract Line 15 | \$333,597.00 | |
| If this is a termination statement, Line 16 must be zero. | | | |
| 17. LOAN GUARANTEES RECEIVED | Schedule B, Part 2 | \$0.00 | |

Cash Equivalents and Outstanding Debts

| | | |
|-----------------------------|---------------------------------------|------------|
| 18. Cash Equivalents | See instructions on reverse | \$0.00 |
| 19. Outstanding Debts | Add Line 2 + Line 9 in Column B above | \$6,605.31 |

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

| | | |
|---|--|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 02/16/2020 | | |
| through 06/30/2020 | | Page 4 of 62 |
| NAME OF FILER GIPSON FOR ASSEMBLY 2020 | | I.D. Number 1414387 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|--|-----------------------------|---|------------------------------------|
| 2/16/2020 | Association of California Life & Health Insurance Companies PAC (ACLHIC PAC) Sausalito, CA 94965 Committee ID: 761012 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$500.00 | \$500.00 | 2020P: \$500.00 |
| 2/19/2020 | Marine Clerks Political Action Committee Local 63 IL WU San Pedro, CA 90731 Committee ID: 1223277 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,500.00 | \$1,500.00 | 2020P: \$1,500.00 |
| 2/20/2020 | Caremark RX Inc. Woonsocket, RI 02895 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$2,500.00 | \$2,500.00 | 2020P: \$2,500.00 |
| 2/20/2020 | Farmers Group, Inc Employees and Agents PAC San Rafael, CA 94901 Committee ID: 1343619 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC | | \$2,500.00 | \$2,500.00 | 2020P: \$2,500.00 |
| 2/20/2020 | Paramount Pictures Los Angeles, CA 90038 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,000.00 | \$1,000.00 | 2020P: \$2,000.00 |

SUBTOTAL

Schedule A Summary

| | |
|---|---------------------------|
| 1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.) | \$152,153.58 |
| 2. Amount received this period - unitemized contributions of less than \$100 | \$0.00 |
| 3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) | TOTAL \$152,153.58 |

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|--|
| Statement covers period from <u>02/16/2020</u> through <u>06/30/2020</u> | | CALIFORNIA FORM 460 Page <u>5</u> of <u>62</u> |
| I.D. Number 1414387 | | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
GIPSON FOR ASSEMBLY 2020

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|--|
| 2/20/2020 | Santa Ynez Band of Mission Indians Santa Ynez, CA 93460 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,000.00 | \$1,000.00 | 2020P: \$1,000.00 |
| 2/20/2020 | Southern California Edison Rosemead, CA 91770 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$4,700.00 | \$6,700.00 | 2020P: \$4,700.00 2020G: \$2,000.00 |
| 2/20/2020 | The Travelers Indemnity Company Hartford, CT 06183 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$2,500.00 | \$2,500.00 | 2020P: \$4,500.00 |
| 2/20/2020 | Wine Institute California PAC Sacramento, CA 95814 Committee ID: 1277874 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$2,000.00 | \$2,000.00 | 2020P: \$3,820.00 |
| 2/26/2020 | American Federation of State, County and Municipal Employees Local 3299 PAC Sacramento, CA 95814 Committee ID: 1312649 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$2,500.00 | \$2,500.00 | 2020P: \$2,500.00 |
| SUBTOTAL | | | | | | |

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 COM - Recipient Committee
 (other than PTY or SCC)
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|----------------------------|
| Statement covers period from 02/16/2020 | | CALIFORNIA FORM 460 |
| through 06/30/2020 | | |
| Page 6 of 62 | | I.D. Number 1414387 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
GIPSON FOR ASSEMBLY 2020

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|--|
| 2/26/2020 | American Property Casualty Insurance Association California Political Action Committee Chicago, IL 60631 Committee ID: 830078 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$4,700.00 | \$5,700.00 | 2020P: \$4,700.00 2020G: \$1,000.00 |
| 2/26/2020 | Anheuser Busch Sacramento, CA 95814 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$4,700.00 | \$4,700.00 | 2020P: \$4,700.00 2020G: \$4,700.00 |
| 2/26/2020 | Apartment Association California Southern Cities/IPPAC Long Beach, CA 90802-4437 Committee ID: 782117 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,000.00 | \$1,000.00 | 2020P: \$1,000.00 |
| 2/26/2020 | California Manufacturers & Technology Association PAC Sacramento, CA 95814-3970 Committee ID: 760359 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$951.76 | \$2,451.76 | 2020P: \$4,700.00 2020G: \$951.76 |
| 2/26/2020 | California Manufacturers & Technology Association PAC Sacramento, CA 95814-3970 Committee ID: 760359 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,348.24 | \$2,451.76 | 2020P: \$4,700.00 2020G: \$951.76 |
| SUBTOTAL | | | | | | |

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(other than PTY or SCC)
OTH - Other
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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|----------------------------|
| Statement covers period from 02/16/2020 | | CALIFORNIA FORM 460 |
| through 06/30/2020 | | |
| | | Page 7 of 62 |
| NAME OF FILER GIPSON FOR ASSEMBLY 2020 | | I.D. Number 1414387 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|--|---|--|-----------------------------|---|--|
| 2/26/2020 | California Professional Firefighters Political Action Committee Sacramento, CA 95833 Committee ID: 744058 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC | | \$1,000.00 | \$2,000.00 | 2020P: \$4,000.00 2020G: \$1,000.00 |
| 2/26/2020 | California Radiological Political Action Committee aka CAL RAD PAC Sacramento, CA 98514 Committee ID: 811596 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,000.00 | \$1,000.00 | 2020P: \$1,000.00 |
| 2/26/2020 | Caterpillar Employees Political Action Committee Peoria, IL 61629 Committee ID: 1307878 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$2,000.00 | \$2,000.00 | 2020P: \$2,000.00 |
| 2/26/2020 | Communities for California Cardrooms PAC Sacramento, CA 95814 Committee ID: 1363489 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$4,700.00 | \$4,700.00 | 2020P: \$4,700.00 2020G: \$4,700.00 |
| 2/26/2020 | Faculty for Our University's Future, A Committee Sponsored by The California Faculty Association Sacramento, CA 95814 Committee ID: 850007 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC | | \$2,500.00 | \$2,500.00 | 2020P: \$4,500.00 |
| SUBTOTAL | | | | | | |

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(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|--|
| Statement covers period from 02/16/2020 through 06/30/2020 | | CALIFORNIA FORM 460 Page 8 of 62 |
| I.D. Number 1414387 | | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
GIPSON FOR ASSEMBLY 2020

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 2/26/2020 | The Doctors Company PAC Napa, CA 94558 Committee ID: 923140 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$3,200.00 | \$3,200.00 | 2020P: \$4,700.00 |
| 2/26/2020 | The Hartford Advocates Fund Multicandidate Committe Hartford, CT 06115 Committee ID: 930174 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$2,500.00 | \$2,500.00 | 2020P: \$3,500.00 |
| 2/27/2020 | CREPAC California Real Estate Political Action Committee Los Angeles, CA 90020 Committee ID: 890106 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC | | \$2,500.00 | \$2,500.00 | 2020P: \$3,500.00 |
| 2/27/2020 | Warner Bros. Entertainment, Inc. Burbank, CA 91522 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,500.00 | \$1,500.00 | 2020P: \$1,500.00 |
| | ***INTERMEDIARY*** eFundraising Connections Sacramento, CA 95816-3783 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL | | | | | | |

*Contributor Codes
 IND - Individual
 COM - Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|----------------------------|
| Statement covers period from 02/16/2020 | | CALIFORNIA FORM 460 |
| through 06/30/2020 | | |
| Page 9 of 62 | | I.D. Number 1414387 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
GIPSON FOR ASSEMBLY 2020

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|------------------------------------|
| 2/29/2020 | CAL FIRE LOCAL 2881 Sacramento, CA 95811 Committee ID: 790318 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC | | \$2,500.00 | \$2,500.00 | 2020P: \$2,500.00 |
| 2/29/2020 | CalPortland Company Glendora, CA 91741 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,000.00 | \$1,000.00 | 2020P: \$2,500.00 |
| 2/29/2020 | EMERGENCY MEDICAL PAC Sacramento, CA 95814 Committee ID: 771066 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$4,700.00 | \$4,700.00 | 2020P: \$4,700.00 |
| 3/3/2020 | Associated General Contractors PAC West Sacramento, CA 95691 Committee ID: 890194 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$2,000.00 | \$2,000.00 | 2020P: \$3,500.00 |
| 3/3/2020 | CSLEA Political Action Committee Sacramento, CA 95814 Committee ID: 970375 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,000.00 | \$1,000.00 | 2020P: \$1,000.00 |
| SUBTOTAL | | | | | | |

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|---|--|-----------------------------|
| Statement covers period from <u>02/16/2020</u> | | CALIFORNIA FORM 460 |
| through <u>06/30/2020</u> | | |
| | | Page <u>10</u> of <u>62</u> |
| NAME OF FILER GIPSON FOR ASSEMBLY 2020 | | I.D. Number 1414387 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|--|
| 3/3/2020 | DraftKings, Inc. Boston, MA 02116 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,000.00 | \$1,000.00 | 2020P: \$1,000.00 |
| 3/3/2020 | Employees of Northrop Grumman Corporation PAC (ENGPAC) Falls Church, WA 22042 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$2,000.00 | \$2,000.00 | 2020P: \$2,000.00 |
| 3/3/2020 | FanDule, Inc. New York, NY 10010 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,000.00 | \$1,000.00 | 2020P: \$1,000.00 |
| 3/3/2020 | Fresenius Medical Care Corporate Metairie, LA 70002 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$4,400.00 | \$4,400.00 | 2020P: \$5,000.00 2020G: \$4,400.00 |
| 3/3/2020 | Gilead Sciences, Inc. Foster City, CA 94404 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$2,500.00 | \$2,500.00 | 2020P: \$4,700.00 2020G: \$2,500.00 |
| SUBTOTAL | | | | | | |

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|---|
| Statement covers period from <u>02/16/2020</u> through <u>06/30/2020</u> | | CALIFORNIA FORM 460 Page <u>11</u> of <u>62</u> |
| I.D. Number 1414387 | | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
GIPSON FOR ASSEMBLY 2020

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|--|
| 3/3/2020 | MillerCoors, LLC Milwaukee, WI 53201-0482 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$700.00 | \$2,400.00 | 2020P: \$4,700.00 2020G: \$1,700.00 |
| 3/3/2020 | MillerCoors, LLC Milwaukee, WI 53201-0482 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,700.00 | \$2,400.00 | 2020P: \$4,700.00 2020G: \$1,700.00 |
| 3/10/2020 | UAW Region 5 Western States PAC Pico Rivera, CA 90660 Committee ID: 743787 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,000.00 | \$1,000.00 | 2020P: \$1,000.00 2020G: \$1,000.00 |
| 3/24/2020 | Liberty Mutual Insurance Co. PAC Boston, MA 02116 Committee ID: 1337192 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,000.00 | \$1,000.00 | 2020G: \$1,000.00 |
| 3/24/2020 | Merck Sharp & Dohem Corp. Sacramento, CA 95814 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$4,700.00 | \$4,700.00 | 2020G: \$4,700.00 |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|---|--|-----------------------------|
| Statement covers period from <u>02/16/2020</u> | | CALIFORNIA FORM 460 |
| through <u>06/30/2020</u> | | |
| | | Page <u>12</u> of <u>62</u> |
| NAME OF FILER GIPSON FOR ASSEMBLY 2020 | | I.D. Number 1414387 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|--|---|--|-----------------------------|---|--|
| 3/24/2020 | West Coast University, Inc. Irvine, CA 92617 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$2,500.00 | \$2,500.00 | 2020G: \$2,500.00 |
| 3/26/2020 | Charter Communications St. Louis, MO 83131-3674 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$2,000.00 | \$2,000.00 | 2020P: \$4,000.00 2020G: \$2,000.00 |
| 4/4/2020 | American Property Casualty Insurance Association California Political Action Committee Chicago, IL 60631 Committee ID: 830078 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,000.00 | \$5,700.00 | 2020P: \$4,700.00 2020G: \$1,000.00 |
| 4/4/2020 | GM PAC General Motors Company Political Action Committee Washington, DC 20001 Committee ID: C00076810 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$3,000.00 | \$3,000.00 | 2020G: \$3,000.00 |
| 5/12/2020 | California Beer & Beverage Distributors Community Affairs Sacramento, CA 95814 Committee ID: 761487 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,700.00 | \$1,700.00 | 2020P: \$4,700.00 2020G: \$4,700.00 |
| SUBTOTAL | | | | | | |

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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|----------------------------|
| Statement covers period from <u>02/16/2020</u> through <u>06/30/2020</u> | | CALIFORNIA FORM 460 |
| Page <u>13</u> of <u>62</u> | | |
| NAME OF FILER GIPSON FOR ASSEMBLY 2020 | | I.D. Number 1414387 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|--|
| 5/12/2020 | MOC Macpherson Oil Company Santa Monica, CA 90401 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,500.00 | \$1,500.00 | 2020P: \$1,500.00 2020G: \$1,500.00 |
| 5/13/2020 | Signal Hill Petroleum, Inc. Signal Hill, CA 90755 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,000.00 | \$1,000.00 | 2020P: \$3,000.00 2020G: \$1,000.00 |
| 6/8/2020 | Californians Allied for Patient Protection Political Action Committee Sacramento, CA 95814 Committee ID: 920780 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,000.00 | \$1,000.00 | 2020P: \$1,500.00 2020G: \$1,000.00 |
| 6/8/2020 | Seneca Resources Company, LLC Bakersfield, CA 93311 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,000.00 | \$1,000.00 | 2020P: \$1,000.00 2020G: \$1,000.00 |
| 6/17/2020 | First American Title Insurance Company Scottsdale, AZ 85258 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,500.00 | \$1,500.00 | 2020G: \$1,500.00 |
| SUBTOTAL | | | | | | |

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(other than PTY or SCC)
OTH - Other
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|---|--|-----------------------------|
| Statement covers period from <u>02/16/2020</u> | | CALIFORNIA FORM 460 |
| through <u>06/30/2020</u> | | |
| | | Page <u>14</u> of <u>62</u> |
| NAME OF FILER GIPSON FOR ASSEMBLY 2020 | | I.D. Number 1414387 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|--|---|--|-----------------------------|---|--|
| 6/17/2020 | Liberty Mutual Political Action Committee California Boston, MA 02116 Committee ID: 923177 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,500.00 | \$1,500.00 | 2020P: \$1,500.00 2020G: \$1,500.00 |
| 6/17/2020 | Phillips 66 Company Washington, DC 20004 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,000.00 | \$1,000.00 | 2020P: \$4,700.00 2020G: \$1,000.00 |
| 6/17/2020 | Tesoro Companies, Inc. San Antonio, TX 78259 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,000.00 | \$1,000.00 | 2020P: \$4,000.00 2020G: \$1,000.00 |
| 6/18/2020 | Nationwide Environment Services Norwalk, CA 90650 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,000.00 | \$1,000.00 | 2020G: \$1,000.00 |
| | ***INTERMEDIARY*** eFundraising Connections Sacramento, CA 95816-3783 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| SUBTOTAL | | | | | | |

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OTH - Other
PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|----------------------------|
| Statement covers period from 02/16/2020 | | CALIFORNIA FORM 460 |
| through 06/30/2020 | | |
| Page 15 of 62 | | I.D. Number 1414387 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
GIPSON FOR ASSEMBLY 2020

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|--|
| 6/23/2020 | DaVita Denver, CO 80202 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$4,700.00 | \$4,700.00 | 2020P: \$4,700.00 2020G: \$4,700.00 |
| 6/23/2020 | Political Action for Classified Employees of California School Employees Sacramento, CA 95814 Committee ID: 761128 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC | | \$1,500.00 | \$1,500.00 | 2020G: \$1,500.00 |
| 6/24/2020 | Sheet Metal, Air, Rail, Transportation Workers Local 105 Political Education Fund Glendora, CA 91740 Committee ID: 962809 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC | | \$4,700.00 | \$4,700.00 | 2020G: \$4,700.00 |
| 6/29/2020 | California Pawnbrokers Association PAC Sacramento, CA 95814 Committee ID: 743255 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,000.00 | \$2,000.00 | 2020P: \$1,000.00 2020G: \$1,000.00 |
| 6/29/2020 | California Professional Firefighters Political Action Committee Sacramento, CA 95833 Committee ID: 744058 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC | | \$1,000.00 | \$2,000.00 | 2020P: \$4,000.00 2020G: \$1,000.00 |
| SUBTOTAL | | | | | | |

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OTH - Other
PTY - Political Party
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Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|--|--|----------------------------|
| Statement covers period from <u>02/16/2020</u> through <u>06/30/2020</u> | | CALIFORNIA FORM 460 |
| Page <u>16</u> of <u>62</u> | | |
| NAME OF FILER GIPSON FOR ASSEMBLY 2020 | | I.D. Number 1414387 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|--|-----------------------------|---|--|
| 6/29/2020 | Southern California Edison Rosemead, CA 91770 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$2,000.00 | \$6,700.00 | 2020P: \$4,700.00 2020G: \$2,000.00 |
| 6/30/2020 | AT&T Inc., and it's Affillates Sacramento, CA 95814 Committee ID: 478036 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,500.00 | \$1,500.00 | 2020P: \$3,000.00 2020G: \$1,500.00 |
| 6/30/2020 | CA Independent Petroleum Assn. CINPAC State PAC Irvine, CA 92618 Committee ID: 822237 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$2,803.58 | \$2,803.58 | 2020P: \$2,500.00 2020G: \$2,803.58 |
| 6/30/2020 | California Federation of Teachers COPE Burbank, CA 91505 Committee ID: 741857 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC | | \$1,500.00 | \$1,500.00 | 2020P: \$2,500.00 2020G: \$1,500.00 |
| 6/30/2020 | Christy Smith for Assembly 2020 Covina, CA 91722 Committee ID: 1414296 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$4,700.00 | \$4,700.00 | 2020G: \$4,700.00 |
| SUBTOTAL | | | | | | |

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OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|---|--|-----------------------------|
| Statement covers period from <u>02/16/2020</u> | | CALIFORNIA FORM 460 |
| through <u>06/30/2020</u> | | |
| | | Page <u>17</u> of <u>62</u> |
| NAME OF FILER GIPSON FOR ASSEMBLY 2020 | | I.D. Number 1414387 |

SEE INSTRUCTIONS ON REVERSE

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|--|---|--|-----------------------------|---|--|
| 6/30/2020 | Clean Energy Newport Beach, CA 92660 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$2,500.00 | \$2,500.00 | 2020P: \$1,500.00 2020G: \$2,500.00 |
| 6/30/2020 | E & B Natural Resources Mgmt. Corp Bekersfield, CA 93308 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$500.00 | \$500.00 | 2020G: \$500.00 |
| 6/30/2020 | International Union of Operating Engineers Local 12 Pasadena, CA 91103 Committee ID: 743030 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$2,500.00 | \$2,500.00 | 2020P: \$2,500.00 2020G: \$2,500.00 |
| 6/30/2020 | L.A. County Probation Officers Union AFSCME, Local 685 Political Action Fund Los Angeles, CA 90057 Committee ID: 744558 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$4,700.00 | \$4,700.00 | 2020G: \$4,700.00 |
| 6/30/2020 | SEIU United Healthcare Workers West Political Action Committee Los Angeles, CA 90017 Committee ID: 747285 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input checked="" type="checkbox"/> SCC | | \$4,650.00 | \$4,650.00 | 2020P: \$4,650.00 2020G: \$4,650.00 |

SUBTOTAL

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SCC - Small Contributor Committee

Schedule A (Continuation Sheet) Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A (CONT.)

| | | |
|---|--|-----------------------------|
| Statement covers period from <u>02/16/2020</u> | | CALIFORNIA FORM 460 |
| through <u>06/30/2020</u> | | |
| | | Page <u>18</u> of <u>62</u> |
| NAME OF FILER GIPSON FOR ASSEMBLY 2020 | | I.D. Number 1414387 |

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| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|--|-----------------------------|---|--|
| 6/30/2020 | Watson Land Company Carson, CA 90745 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$4,700.00 | \$4,700.00 | 2020P: \$3,500.00 2020G: \$4,700.00 |
| 6/30/2020 | Win Cheverolet Inc. Carson, CA 90810 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | \$1,000.00 | \$1,000.00 | 2020G: \$1,000.00 |
| | ***INTERMEDIARY*** eFundraising Connections Sacramento, CA 95816-3783 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | |

SUBTOTAL \$152,153.58

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Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 02/16/2020
through 06/30/2020

CALIFORNIA FORM 460

Page 19 of 62

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
GIPSON FOR ASSEMBLY 2020

I.D. NUMBER
1414387

| FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT RECEIVED THIS PERIOD | (c) AMOUNT PAID OR FORGIVEN THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST PAID THIS PERIOD | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE CONTRIBUTIONS TO DATE |
|--|---|---|--|--|---|--|--------------------------------------|---|
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | | _____% RATE | | CALENDAR YEAR PER ELECTION** |
| | | | | | DATE DUE | | DATE INCURRED | |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | | _____% RATE | | CALENDAR YEAR PER ELECTION** |
| | | | | | DATE DUE | | DATE INCURRED | |
| <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | | _____% RATE | | CALENDAR YEAR PER ELECTION** |
| | | | | | DATE DUE | | DATE INCURRED | |

SUBTOTALS

Schedule B Summary

1. Loans received this period. _____
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) _____ **Net** _____
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 2

Loan Guarantors

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

| | |
|--|-----------------------------|
| Statement covers period from <u>02/16/2020</u> through <u>06/30/2020</u> | CALIFORNIA FORM 460 |
| | Page <u>20</u> of <u>62</u> |
| I.D. Number 1414387 | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
GIPSON FOR ASSEMBLY 2020

| FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | LOAN | AMOUNT GUARANTEED THIS PERIOD | CUMULATIVE TO DATE | BALANCE OUTSTANDING TO DATE |
|--|--|---|----------------------------------|-------------------------------------|--|-----------------------------------|
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER _____ DATE _____ | | CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____ | |
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER _____ DATE _____ | | CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____ | |
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER _____ DATE _____ | | CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____ | |
| | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | LENDER _____ DATE _____ | | CALENDAR YEAR _____ PER ELECTION (IF REQUIRED) _____ | |
| SUBTOTAL | | | | | Enter on Summary Page, Line 17 only. | |

Schedule C Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

| | |
|--|----------------------------|
| Statement covers period from <u>02/16/2020</u> through <u>06/30/2020</u> | CALIFORNIA FORM 460 |
| Page <u>21</u> of <u>62</u> | I.D. Number 1414387 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
GIPSON FOR ASSEMBLY 2020

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE * | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | DESCRIPTION OF GOODS OR SERVICES | AMOUNT/ FAIR MARKET VALUE | CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31) | PER ELECTION TO DATE (IF REQUIRED) |
|---------------|---|---|--|--|---------------------------|---|--------------------------------------|
| 2/18/2020 | California Manufacturers & Technology Association PAC Sacramento, CA 95814-3970 Committee ID: 760359 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | Reception | \$151.76 | \$2,451.76 | 2020P: \$4,700.00 2020G: \$951.76 |
| 2/28/2020 | Personal Insurance Federation of CA Agents & Employees PAC Sacramento, CA 95814 Memo Reference: NON610 Committee ID: 1338487 | <input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | \$546.54 | \$2,546.54 | 2020P: \$2,546.54 |
| 3/9/2020 | Gould & Orellana, LLC Long Beach, CA 90802 | <input type="checkbox"/> IND <input type="checkbox"/> COM <input checked="" type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | Prof. Services Political Reporting Services Primary 2020 | \$2,700.00 | \$2,700.00 | 2020P: \$2,700.00 |
| | | <input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC | | | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$3,398.30

Schedule C Summary

| | |
|--|-------------------------|
| 1. Amount received this period - nonmonetary contributions of \$100 or more. (Include all Schedule C subtotals.)..... | \$3,398.30 |
| 2. Amount received this period - unitemized nonmonetary contributions of less than \$100 | \$0.00 |
| 3. Total nonmonetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) | TOTAL \$3,398.30 |

*Contributor Codes
IND - Individual
COM- Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

Schedule D

Summary of Expenditures

Supporting/Opposing Other

Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D

Statement covers period

from 02/16/2020

through 06/30/2020

CALIFORNIA
FORM **460**

Page 22 of 62

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
GIPSON FOR ASSEMBLY 2020

I.D. NUMBER
1414387

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------|---|---|------------------------------|-----------------------|--|--|
| 2/17/2020 | Payee Name: Cannick for AD53 County Central Committee Candidate Name: Jasmyne Cannick District 53 Jurisdiction: County Central Committee | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$100.00 | \$100.00 | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 2/20/2020 | Payee Name: Brian Maienschein for Assembly 2020 Candidate Name: Brian Maienschein State Assembly Person District 77 Jurisdiction: Assembly District | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$4,700.00 | \$9,400.00 | 2020P: \$4,700.00 2020G: \$4,700.00 |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 2/27/2020 | Payee Name: Al Austin for City Council 2020 Candidate Name: Al Austin City Council Member District 8 Jurisdiction: Long Beach | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$400.00 | \$400.00 | 2020P: \$400.00 |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$30,600.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL** \$30,600.00

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 02/16/2020

through 06/30/2020

CALIFORNIA
FORM 460

Page 23 of 62

NAME OF FILER
 GIPSON FOR ASSEMBLY 2020

I.D. NUMBER
 1414387

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|----------|--|--|------------------------------|-----------------------|--|--|
| 4/1/2020 | Payee Name: Jones-Sawyer for Assembly 2020 Candidate Name: Reginald Byron Jones-Sawyer, Sr State Assembly Person District 59 Jurisdiction: Assembly District | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$4,700.00 | \$4,700.00 | 2020P: \$4,700.00 2020G: \$4,700.00 |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| | ***TREASURER*** Michelle Moore Sanders Inglewood, CA 90301 | <input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | | | |
| | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/1/2020 | Payee Name: Sabrina Cervantes for Assembly 2020 Candidate Name: Sabrina Cervantes State Assembly Person District 60 Jurisdiction: Assembly District | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$4,700.00 | \$4,700.00 | 2020G: \$4,700.00 |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/1/2020 | Payee Name: Cottie Petrie-Norris for Assembly 2020 Candidate Name: Cottie Petrie-Norris State Assembly Person District 74 Jurisdiction: Assembly District | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$4,700.00 | \$4,700.00 | 2020G: \$4,700.00 |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |

SUBTOTAL

**Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE D (CONT.)

| | | |
|---|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 02/16/2020 | |
| through | 06/30/2020 | Page 24 of 62 |
| NAME OF FILER GIPSON FOR ASSEMBLY 2020 | | I.D. NUMBER 1414387 |

| DATE | NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE | TYPE OF PAYMENT | DESCRIPTION (IF REQUIRED) | AMOUNT THIS PERIOD | CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31) | PER ELECTION TO DATE (IF REQUIRED) |
|-----------------|---|---|------------------------------|-----------------------|--|--|
| 4/1/2020 | Payee Name: Tasha Boerner Horvath for Assembly 2020 Candidate Name: Tasha Boerner Horvath State Assembly Person District 76 Jurisdiction: Assembly District | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure | | \$4,700.00 | \$4,700.00 | 2020G: \$4,700.00 |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/1/2020 | Payee Name: Brian Maienschein for Assembly 2020 Candidate Name: Brian Maienschein State Assembly Person District 77 Jurisdiction: Assembly District | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$4,700.00 | \$9,400.00 | 2020P: \$4,700.00 2020G: \$4,700.00 |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 4/28/2020 | Payee Name: Re-Elect Dee Andrews for Long Beach City Council 2020 Candidate Name: Dee Andrews City Council Member District 6 Jurisdiction: Long Beach | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$400.00 | \$400.00 | 2020G: \$400.00 |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| 6/30/2020 | Payee Name: Wesson for Supervisor 2020 Candidate Name: Herb Wesson County Supervisor District 2 Jurisdiction: Los Angeles | <input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure | | \$1,500.00 | \$1,500.00 | 2020G: \$1,500.00 |
| | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | | |
| SUBTOTAL | | | | \$30,600.00 | | |

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

| | | |
|--|--|---|
| Statement covers period from 02/16/2020 through 06/30/2020 | | CALIFORNIA FORM 460 Page 25 of 62 |
| I.D. NUMBER 1414387 | | |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
GIPSON FOR ASSEMBLY 2020

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| FedEx Pasadena, CA 91109-7321 | POS | | | \$15.34 |
| California Bank & Trust Los Angeles, CA 90071 | CMP | | Credit Card Payment | \$6,235.78 |
| Los Angeles Chapter Parents Of Murdered Children San Pedro, CA 90731 | CVC | | | \$212.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

| | |
|--|---------------------------|
| 1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.) | \$102,676.39 |
| 2. Unitemized payments made this period of under \$100. | \$209.23 |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).) | \$0.00 |
| 4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$102,885.62 |

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

| | | |
|---|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 02/16/2020 | |
| through 06/30/2020 | | Page 26 of 62 |
| NAME OF FILER GIPSON FOR ASSEMBLY 2020 | | I.D. NUMBER 1414387 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Brian Maienschein for Assembly 2020 Sacramento, CA 95814 | CTB | | | \$4,700.00 |
| Committee ID: 1414261 McKinley Pillows Fundraising, Inc. Sacramento, CA 95814 | CNS | | | \$5,287.11 |
| AT&T Carol Stream, IL 60197-5025 | OFC | | | \$189.51 |
| Al Austin for City Council 2020 Long Beach, CA 90802 | CTB | | | \$400.00 |
| Committee ID: 1418679 Carson Women's Club Carson, CA 90749 | CVC | | | \$1,000.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|---|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 02/16/2020 | | |
| through 06/30/2020 | | Page 27 of 62 |
| NAME OF FILER GIPSON FOR ASSEMBLY 2020 | | I.D. NUMBER 1414387 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Keara Joe Compton, CA 90220 | OFC | | | \$56.08 |
| Gould & Orellana, LLC Long Beach, CA 90802 | PRO | | | \$500.00 |
| Silver Lining of Hope Crusade Inc. Los Angeles, CA 90008 | CVC | | | \$200.00 |
| South Bay Center for Counseling Wilmington, CA 90744 | LIT | | | \$396.90 |
| FedEx Pasadena, CA 91109-7321 | POS | | | \$32.15 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
GIPSON FOR ASSEMBLY 2020

Type or print in ink.
Amounts may be rounded
to whole dollars.

| | | |
|-------------------------|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 02/16/2020 | |
| through | 06/30/2020 | Page 28 of 62 |
| | | I.D. NUMBER 1414387 |

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|----------------------------|-------------|
| eFundraising Connections Sacramento, CA 95816-3783 | CMP | | Credit Card Processing Fee | \$52.80 |
| Perry Crouch Los Angeles, CA 90044 | CMP | | | \$450.00 |
| Oscar Gladden Los Angeles, CA 90001 | CMP | | | \$300.00 |
| California Bank & Trust Los Angeles, CA 90071 | CMP | | Credit Card Payment | \$6,106.94 |
| Political Reporting Plus Inglewood, CA 90301 | PRO | | | \$2,564.90 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|---|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 02/16/2020 | | |
| through 06/30/2020 | | Page 29 of 62 |
| NAME OF FILER GIPSON FOR ASSEMBLY 2020 | | I.D. NUMBER 1414387 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| McKinley Pillows Fundraising, Inc. Sacramento, CA 95814 | CNS | | | \$6,990.48 |
| Gould & Orellana, LLC Long Beach, CA 90802 | OFC | | | \$333.50 |
| Gould & Orellana, LLC Long Beach, CA 90802 | PRO | | | \$1,542.50 |
| Gould & Orellana, LLC Long Beach, CA 90802 | PRO | | | \$1,365.00 |
| TNBC Southern CA Chapter Glendora, CA 91740 | CVC | | | \$1,000.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|---|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 02/16/2020 | | |
| through 06/30/2020 | | Page 30 of 62 |
| NAME OF FILER GIPSON FOR ASSEMBLY 2020 | | I.D. NUMBER 1414387 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
GIPSON FOR ASSEMBLY 2020

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| CapitalOne City of Industry, CA 91716 | CMP | | Credit Card Payment | \$1,505.32 |
| AT&T Carol Stream, IL 60197-5025 | OFC | | | \$189.46 |
| Gould & Orellana, LLC Long Beach, CA 90802 | PRO | | | \$500.00 |
| Jones-Sawyer for Assembly 2020 Inglewood, CA 90301 | CTB | | | \$4,700.00 |
| Committee ID: 1414383 ***TREASURER*** Michelle Moore Sanders Inglewood, CA 90301 | | | | |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|---|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 02/16/2020 | | |
| through 06/30/2020 | | Page 31 of 62 |
| NAME OF FILER GIPSON FOR ASSEMBLY 2020 | | I.D. NUMBER 1414387 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|--|---------|------------------------|-------------|
| Sabrina Cervantes for Assembly 2020 Sacramento, CA 95815 | CTB | | \$4,700.00 |
| Committee ID: 1414122 Cottie Petrie-Norris for Assembly 2020 Sacramento, CA 95815 | CTB | | \$4,700.00 |
| Committee ID: 1414368 Tasha Boerner Horvath for Assembly 2020 Sacramento, CA 95815 | CTB | | \$4,700.00 |
| Committee ID: 1414240 Brian Maienschein for Assembly 2020 Sacramento, CA 95814 | CTB | | \$4,700.00 |
| Committee ID: 1414261 Gould & Orellana, LLC Long Beach, CA 90802 | PRO | | \$996.88 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

| | | |
|---|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 02/16/2020 | |
| through 06/30/2020 | | Page 32 of 62 |
| NAME OF FILER GIPSON FOR ASSEMBLY 2020 | | I.D. NUMBER 1414387 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
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| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Gould & Orellana, LLC Long Beach, CA 90802 | OFC | | | \$127.55 |
| California Bank & Trust Los Angeles, CA 90071 | CMP | | Credit Card Payment | \$3,000.00 |
| Cesar Barajas Los Angeles, CA 90011 | CMP | | | \$150.00 |
| Nossaman LLP Los Angeles, CA 90017 | PRO | | | \$2,394.00 |
| Nossaman LLP Los Angeles, CA 90017 | PRO | | | \$1,593.60 |

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

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to whole dollars.

| | | |
|---|------------|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 02/16/2020 | |
| through 06/30/2020 | | Page 33 of 62 |
| NAME OF FILER GIPSON FOR ASSEMBLY 2020 | | I.D. NUMBER 1414387 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
GIPSON FOR ASSEMBLY 2020

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Premiere Political Communications Austin, TX 78756 | PHO | | | \$183.42 |
| Premiere Political Communications Austin, TX 78756 | PHO | | | \$258.18 |
| Kegeyan-Pappas Consulting Sherman Oaks, CA 91423 | CNS | | | \$9,625.00 |
| Re-Elect Dee Andrews for Long Beach City Council 2020 Long Beach, CA 90802 | CTB | | | \$400.00 |
| Committee ID: 1419115 Women of the Watts and Beyond Los Angeles, CA 90059 | CVC | | | \$500.00 |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
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to whole dollars.

SCHEDULE E (CONT.)

| | |
|--|----------------------------|
| Statement covers period from 02/16/2020 through 06/30/2020 | CALIFORNIA FORM 460 |
| Page 34 of 62 | I.D. NUMBER 1414387 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
GIPSON FOR ASSEMBLY 2020

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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Gould & Orellana, LLC Long Beach, CA 90802 | PRO | | | \$500.00 |
| California Bank & Trust Los Angeles, CA 90071 | CMP | | Credit Card Payment | \$3,828.49 |
| Jacobson & Zilber Strategies, LLC Los Angeles, CA 90027 | OFC | | | \$482.69 |
| Premiere Political Communications Austin, TX 78756 | PHO | | | \$690.72 |
| CSUDH Philanthropic Foundation Carson, CA 90747 | CVC | | | \$500.00 |

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
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to whole dollars.

SCHEDULE E (CONT.)

| | | |
|---|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 02/16/2020 | | |
| through 06/30/2020 | | Page 35 of 62 |
| NAME OF FILER GIPSON FOR ASSEMBLY 2020 | | I.D. NUMBER 1414387 |

SEE INSTRUCTIONS ON REVERSE

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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| BizFed Institute Commerce, CA 90040 | CVC | | | \$1,000.00 |
| United Hands Multipurpose Center Inc. Compton, CA 90223 | CVC | | | \$300.00 |
| Gould & Orellana, LLC Long Beach, CA 90802 | PRO | | | \$347.50 |
| Gould & Orellana, LLC Long Beach, CA 90802 | OFC | | | \$119.20 |
| McKinley Pillows Fundraising, Inc. Sacramento, CA 95814 | CNS | | | \$1,412.19 |

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

| | | |
|---|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 02/16/2020 | | |
| through 06/30/2020 | | Page 36 of 62 |
| NAME OF FILER GIPSON FOR ASSEMBLY 2020 | | I.D. NUMBER 1414387 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|------------------------|-------------|
| Churcy One Ministries Long Beach, CA 90805 | CVC | | | \$1,000.00 |
| Kegeyan-Pappas Consulting Sherman Oaks, CA 91423 | CNS | | | \$437.50 |
| Gould & Orellana, LLC Long Beach, CA 90802 | PRO | | | \$500.00 |
| Anthony Samad Los Angeles, CA 90016 | CNS | | | \$150.00 |
| Boris Ricks Inglewood, CA 90302 | CNS | | | \$150.00 |

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
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to whole dollars.

| | | |
|---|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 02/16/2020 | | |
| through 06/30/2020 | | Page 37 of 62 |
| NAME OF FILER GIPSON FOR ASSEMBLY 2020 | | I.D. NUMBER 1414387 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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|---|------|----|------------------------|-------------|
| FM Graphics, Inc. Sacramento, CA 95827 | LIT | | | \$702.53 |
| California Bank & Trust Los Angeles, CA 90071 | CMP | | Credit Card Payment | \$3,023.72 |
| McKinley Pillows Fundraising, Inc. Sacramento, CA 95814 | CNS | | | \$750.00 |
| Gould & Orellana, LLC Long Beach, CA 90802 | PRO | | | \$240.00 |
| Gould & Orellana, LLC Long Beach, CA 90802 | OFC | | | \$116.85 |

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SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
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to whole dollars.

SCHEDULE E (CONT.)

| | | |
|---|--|--------------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from 02/16/2020 | | |
| through 06/30/2020 | | Page 38 of 62 |
| NAME OF FILER GIPSON FOR ASSEMBLY 2020 | | I.D. NUMBER 1414387 |

SEE INSTRUCTIONS ON REVERSE

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|----------------------------|-------------|
| eFundraising Connections Sacramento, CA 95816-3783 | CMP | | Credit Card Processing Fee | \$35.30 |
| Wesson for Supervisor 2020 Los Angeles, CA 90017 | CTB | | | \$1,500.00 |
| Committee ID: 1414475 eFundraising Connections Sacramento, CA 95816-3783 | CMP | | Credit Card Processing Fee | \$35.30 |
| | | | | |
| | | | | |

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SUBTOTAL \$102,676.39

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period
from 02/16/2020
through 06/30/2020

CALIFORNIA
FORM 460

Page 39 of 62

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
GIPSON FOR ASSEMBLY 2020

I.D. NUMBER
1414387

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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| NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE OR DESCRIPTION OF PAYMENT | (a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD | (b) AMOUNT INCURRED THIS PERIOD | (c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E) | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD |
|--|-----------------------------------|---|---------------------------------------|---|--|
| Nossaman LLP Los Angeles, CA 90017 | PRO | \$2,394.00 | \$0.00 | \$2,394.00 | \$0.00 |
| California Bank & Trust Los Angeles, CA 90071 | CMP Credit card charges | \$0.00 | \$6,605.31 | \$0.00 | \$6,605.31 |
| | | | | | |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS \$2,394.00 \$6,605.31 \$2,394.00 \$6,605.31

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** \$6,605.31
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** \$2,394.00
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** \$4,211.31
May be a negative number.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 02/16/2020 | |
| through | 06/30/2020 | Page 40 of 62 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
GIPSON FOR ASSEMBLY 2020

I.D. NUMBER
1414387

NAME OF AGENT OR INDEPENDENT CONTRACTOR
California Bank & Trust

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|-------------------------|------------------------|-------------|
| Cannick for AD53 County Central Committee Inglewood, CA 90301 | CTB | | | \$100.00 |
| 1422043 Casa Azul Cantina Los Angeles, CA 90024 | MTG | | | \$124.07 |
| Clubcorp Service Los Angeles, CA 90071 | CMP | | | \$415.04 |
| Echo and Rig Sacramento, CA 95814 | MTG | COS Dr. Angelo Williams | | \$275.90 |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$915.01

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 02/16/2020 | |
| through | 06/30/2020 | Page 41 of 62 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
GIPSON FOR ASSEMBLY 2020

I.D. NUMBER
1414387

NAME OF AGENT OR INDEPENDENT CONTRACTOR
California Bank & Trust

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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|---|------|----|--------------------------------|-------------|
| Enterprise Rent-A Car Sacramento, CA 95814 | CMP | | | \$254.09 |
| Gentry Cupertino Cupertino, CA 95014 | CMP | | | \$114.30 |
| Morton's Sacramento, CA 95814 | MTG | | | \$444.00 |
| Oyo Las Vegas, NV 89109 | TRC | | Travel to Nevada for Joe Biden | \$254.08 |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1066.47

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 02/16/2020 | |
| through | 06/30/2020 | Page 42 of 62 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
GIPSON FOR ASSEMBLY 2020

I.D. NUMBER
1414387

NAME OF AGENT OR INDEPENDENT CONTRACTOR
California Bank & Trust

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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|--|-------------|
| Oyo Las Vegas, NV 89109 | TRC | | Travel to Nevada for Joe Biden | \$245.62 |
| Oyo Las Vegas, NV 89109 | TRC | | Member travel to Nevada for Joe Biden | \$438.02 |
| Oyo Las Vegas, NV 89109 | TRS | | Staff travel Victor Ibamma to Nevada for Joe Biden | \$450.23 |
| Residence Inn San Jose, CA 95002 | TRC | | | \$295.85 |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1429.72

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
from 02/16/2020
through 06/30/2020

CALIFORNIA
FORM **460**

Page 43 of 62

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
GIPSON FOR ASSEMBLY 2020

I.D. NUMBER
1414387

NAME OF AGENT OR INDEPENDENT CONTRACTOR
California Bank & Trust

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
| FND fundraising events | POL polling and survey research | TRS staff/spouse travel, lodging, and meals |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense | PRO professional services (legal, accounting) | VOT voter registration |
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|---|------|----|--|-------------|
| Revolution Wines Sacramento, CA 95816 | MTG | | EJ Staff meeting with Member Mike Gipson re: Leg | \$120.63 |
| Southwest Airlines Dallas, TX 75235 | TRS | | Jordan D Gipson Long Beach-Sacramento-Long Beach | \$256.96 |
| Southwest Airlines Dallas, TX 75235 | TRC | | Mike Gipson Los Angeles-Las Vegas-Los Angeles | \$320.96 |
| Southwest Airlines Dallas, TX 75235 | TRS | | Victor Ibarra Los Angeles-Las Vegas-Los Angeles | \$422.96 |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1121.51

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FPPC Form 460 (June/01)
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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 02/16/2020 | |
| through | 06/30/2020 | Page 44 of 62 |

SEE INSTRUCTIONS ON REVERSE

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GIPSON FOR ASSEMBLY 2020

I.D. NUMBER
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|---|------|----|---|-------------|
| Thrifty Car Rental Las Vegas Las Vegas, NV 89119 | TRC | | | \$386.83 |
| TST Localis Sacramento, CA 95811 | FND | | Fundraiser Event | \$2,380.58 |
| Bon Appetit New York, NY 10007 | MTG | | Breakfast meeting Harbor UCLA Physicians | \$855.88 |
| Allora Sacramento, CA 95819 | MTG | | Dinner meeting Mike Gipson & Rob Cruz regarding leg business. | \$305.33 |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$3928.62

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Schedule G

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SCHEDULE G

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 02/16/2020 | |
| through | 06/30/2020 | Page 45 of 62 |

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|---|------|----|--|-------------|
| Southwest Airlines Dallas, TX 75235 | TRC | | Mike Gipson Sacramento-LAX-Sacramento | \$369.96 |
| Cafe Connection Sacramento, CA 95814 | MTG | | Staff meeting over leg. | \$114.71 |
| El Pescador Carson, CA 90746 | MTG | | Staff meeting over district plans. | \$127.14 |
| American Airlines Dallas, TX 75115 | TRC | | Mike Gipson Los Angeles-Forth Worth-Meridian-Chicago-Los Angeles | \$609.91 |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$1221.72

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Schedule G

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SCHEDULE G

Statement covers period
from 02/16/2020
through 06/30/2020

CALIFORNIA
FORM **460**

Page 46 of 62

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NAME OF FILER
GIPSON FOR ASSEMBLY 2020

I.D. NUMBER
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|---|------|----|--|-------------|
| CCI Hotel Powderly, KY 42367 | TRC | | | \$149.22 |
| City of Refuge Church Gardena, CA 90248 | CVC | | | \$100.00 |
| KRU Cotemporary Japanese Sacramento, CA 95816 | MTG | | Mike Gipson meeting with Phil Ting over leg business. | \$153.76 |
| KRU Cotemporary Japanese Sacramento, CA 95816 | MTG | | Mike Gipson meeting with Eve Low upcoming bills PIO leg business | \$173.24 |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$576.22

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

| Statement covers period | |
|-------------------------|------------|
| from | 02/16/2020 |
| through | 06/30/2020 |

CALIFORNIA
FORM **460**

Page 47 of 62

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
GIPSON FOR ASSEMBLY 2020

I.D. NUMBER
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|---|------|----|--|-------------|
| Paradise Restaurant Los Angeles, CA 90248 | MTG | | Meeting with district team | \$121.46 |
| Parker Florist and Gift Wakefield, MA 01880 | CMP | | Flowers to COS on her work in helping Mike Gipson with interviews of COS Lisa Martinez | \$112.35 |
| Vallejo's Restaurant Sacramento, CA 95814 | MTG | | Team Gipson staff meeting. | \$100.05 |
| Enterprise Rent-A Car Sacramento, CA 95814 | CMP | | | \$122.98 |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$456.84

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Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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SCHEDULE G

Statement covers period
from 02/16/2020
through 06/30/2020

CALIFORNIA
FORM **460**

Page 48 of 62

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
GIPSON FOR ASSEMBLY 2020

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|---|------|---|-------------|
| The Coffee Company Los Angeles, CA 90045 | MTG | For Inglewood Residence regarding my support for local initiative | \$117.30 |
| Aioli Bodega Espanola Sacramento, CA 95811 | MTG | Member Ivan Low & Mike Gipson meeting over B&Pi issues. | \$126.29 |
| Rancho Valencia Resort Rancho Santa Fe, CA 92067 | MTG | | \$182.55 |
| Enterprise Rent-A Car Sacramento, CA 95814 | TRC | | \$154.63 |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$580.77

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

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Amounts may be rounded
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SCHEDULE G

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 02/16/2020 | |
| through | 06/30/2020 | Page 49 of 62 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
GIPSON FOR ASSEMBLY 2020

I.D. NUMBER
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|---|------|----|--|-------------|
| Clubcorp Service Los Angeles, CA 90071 | CMP | | Membership Dues for Member | \$415.04 |
| KP International Market Rancho Cordova, CA 95670 | MTG | | | \$139.69 |
| Safeway Sacramento, CA 94816 | MTG | | Preparing Gumbo for Team Gipson and others in the Capitol. | \$176.55 |
| AT&T Carol Stream, IL 60197-5025 | OFC | | | \$131.48 |

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TOTAL* \$862.76

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Schedule G

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SCHEDULE G

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 02/16/2020 | |
| through | 06/30/2020 | Page 50 of 62 |

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|---|------|----|-------------------------------------|-------------|
| Smart & Final West Hollywood, CA 90046 | CMP | | | \$125.62 |
| The Electric Bike Shop Sacramento, CA 95814 | CMP | | Team Gipson scooters repairs | \$237.23 |
| Lisas Bon Appetit Torrance, CA 90505 | FND | | Fundraiser Event | \$383.56 |
| Pizza Hut Torrance, CA 90504 | CVC | | Food for Harbor USC hospital Nurses | \$198.27 |

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TOTAL* \$944.68

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SCHEDULE G

Statement covers period
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CALIFORNIA
FORM **460**

Page 51 of 62

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|---|------|----|--|-------------|
| The Green Olive Gardena, CA 90248 | MTG | | District team lunch meeting. | \$427.93 |
| AT&T Carol Stream, IL 60197-5025 | OFC | | | \$131.45 |
| Clubcorp Service Los Angeles, CA 90071 | OFC | | Membership Dues for Member | \$423.32 |
| Darrows New Orleans Grill Carson, CA 90745 | CVC | | Food for Carson City employees tasting site. | \$922.04 |

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TOTAL* \$1904.74

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through 06/30/2020

CALIFORNIA
FORM **460**

Page 52 of 62

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|---|------|----|---|-------------|
| 2 Tone Athlete Minneapolis, MN 55413 | CVC | | 100 + masks for members of the State Assembly | \$524.79 |
| Total Wine & More Redondo Beach, CA 90278 | MTG | | Celebration Team Gipson | \$121.71 |
| AT&T Carol Stream, IL 60197-5025 | OFC | | | \$131.40 |
| Clubcorp Service Los Angeles, CA 90071 | OFC | | Membership Dues for Member | \$415.04 |

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TOTAL* \$1192.94

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SCHEDULE G

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| Statement covers period | | CALIFORNIA FORM 460 |
| from | 02/16/2020 | |
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| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
| CNS | campaign consultants | MTG | meetings and appearances | RFD | returned contributions |
| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
| CVC | civic donations | PET | petition circulating | TEL | t.v. or cable airtime and production costs |
| FIL | candidate filing/ballot fees | PHO | phone banks | TRC | candidate travel, lodging, and meals |
| FND | fundraising events | POL | polling and survey research | TRS | staff/spouse travel, lodging, and meals |
| IND | independent expenditure supporting/opposing others (explain)* | POS | postage, delivery and messenger services | TSF | transfer between committees of the same candidate/sponsor |
| LEG | legal defense | PRO | professional services (legal, accounting) | VOT | voter registration |
| LIT | campaign literature and mailings | PRT | print ads | WEB | information technology costs (internet, email) |

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|---|-------------|
| Aioli Bodega Espanola Sacramento, CA 95811 | MTG | | Mike Gipson, Phil Ting Evan Low re: leg budget. | \$208.13 |
| Safeway Sacramento, CA 94816 | OFC | | | \$103.91 |
| Southwest Airlines Dallas, TX 75235 | TRS | | Anthony Samad LAX-Sacramento-LAX | \$257.96 |
| Southwest Airlines Dallas, TX 75235 | TRS | | Boris Eugene Ricks LAX-Sacramento-LAX | \$257.96 |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$827.96

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
from 02/16/2020
through 06/30/2020

CALIFORNIA
FORM **460**

Page 54 of 62

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
GIPSON FOR ASSEMBLY 2020

I.D. NUMBER
1414387

NAME OF AGENT OR INDEPENDENT CONTRACTOR
California Bank & Trust

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | | | | |
|-----|---|-----|---|-----|---|
| CMP | campaign paraphernalia/misc. | MBR | member communications | RAD | radio airtime and production costs |
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| CTB | contribution (explain nonmonetary)* | OFC | office expenses | SAL | campaign workers' salaries |
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|---|------|----|--|-------------|
| Shangri LA of Fair Oaks Fair Oaks, CA 95628 | MTG | | Dinner with Chief of staff Angelo Williams re: staff | \$113.18 |
| TST Zocalo Midtown Sacramento, CA 95811 | MTG | | Team Gipson re: leg bills | \$157.81 |
| Southwest Airlines Dallas, TX 75235 | TRS | | Boris Eugene Ricks Sacramento-LAX | \$110.00 |
| TST Zocalo Midtown Sacramento, CA 95811 | MTG | | Team Gipson re: leg bills. | \$120.72 |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$501.71

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
from 02/16/2020
through 06/30/2020

CALIFORNIA
FORM **460**

Page 55 of 62

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
GIPSON FOR ASSEMBLY 2020

I.D. NUMBER
1414387

NAME OF AGENT OR INDEPENDENT CONTRACTOR
California Bank & Trust

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| | | |
|---|---|---|
| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|--|-------------|
| Apple Store Sacramento, CA 95815 | OFC | Assemblymember's new Phone | \$1,540.96 |
| Mikuni Japanese Restaurant Sacramento, CA 95814 | MTG | Mike Gipson meeting with Frand Raison to discuss raising additional money. | \$135.48 |
| Smart & Final Sacramento, CA 95818 | OFC | | \$280.21 |
| Clubcorp Service Los Angeles, CA 90071 | OFC | Membership Dues for Member | \$415.04 |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$2371.69

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
from 02/16/2020
through 06/30/2020

CALIFORNIA
FORM **460**

Page 56 of 62

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
GIPSON FOR ASSEMBLY 2020

I.D. NUMBER
1414387

NAME OF AGENT OR INDEPENDENT CONTRACTOR
California Bank & Trust

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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|---|------|----|---|-------------|
| Seasons 52 Sacramento, CA 98515 | MTG | | Member Gipson and Member Gray meeting to help with fundraiser goals. | \$175.62 |
| Wok In The Park Sacramento, CA 95814 | MTG | | | \$176.05 |
| Tequila Museo Mayahuel Sacramento, CA 95814 | MTG | | Dr. Anthony Samad & Dr. Bon Ricks testifying at press conference | \$175.00 |
| Madre Torrance, CA 90501 | MTG | | Mike Gipson meeting with Councilman Hiltow re: city of Carson in support of AB 1196 | \$140.45 |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$667.12

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 02/16/2020 | |
| through | 06/30/2020 | Page 57 of 62 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
GIPSON FOR ASSEMBLY 2020

I.D. NUMBER
1414387

NAME OF AGENT OR INDEPENDENT CONTRACTOR
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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|--------------------------------|-------------|
| Wally's Wine Beverly Hills, CA 90210 | FND | | Beverages for Fundraiser Event | \$224.05 |
| Wally's Wine Beverly Hills, CA 90210 | FND | | Beverages for Fundraiser Event | \$125.53 |
| Wally's Wine Beverly Hills, CA 90210 | FND | | Beverages for Fundraiser Event | \$125.53 |
| Morton's Sacramento, CA 95814 | MTG | | | \$324.68 |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$799.79

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
from 02/16/2020
through 06/30/2020

CALIFORNIA FORM 460
Page 58 of 62

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
GIPSON FOR ASSEMBLY 2020

I.D. NUMBER
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NAME OF AGENT OR INDEPENDENT CONTRACTOR
California Bank & Trust

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR | DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|----|--|-------------|
| KRU Cotemporary Japanese Sacramento, CA 95816 | MTG | | Staff EJ & member re: Legislative | \$241.25 |
| Houston's Manhattan Beach, CA 90266 | MTG | | Meeting Mike Gipson & Dave campaign Consultant | \$212.88 |
| Houston's Manhattan Beach, CA 90266 | MTG | | Meeting Mike Gipson, Pastor Housand & Wife | \$177.42 |
| AT&T Carol Stream, IL 60197-5025 | OFC | | | \$268.55 |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$900.10

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
from 02/16/2020
through 06/30/2020

CALIFORNIA
FORM **460**

Page 59 of 62

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
GIPSON FOR ASSEMBLY 2020

I.D. NUMBER
1414387

NAME OF AGENT OR INDEPENDENT CONTRACTOR
California Bank & Trust

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

| | | |
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| CMP campaign paraphernalia/misc. | MBR member communications | RAD radio airtime and production costs |
| CNS campaign consultants | MTG meetings and appearances | RFD returned contributions |
| CTB contribution (explain nonmonetary)* | OFC office expenses | SAL campaign workers' salaries |
| CVC civic donations | PET petition circulating | TEL t.v. or cable airtime and production costs |
| FIL candidate filing/ballot fees | PHO phone banks | TRC candidate travel, lodging, and meals |
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| LIT campaign literature and mailings | PRT print ads | WEB information technology costs (internet, email) |

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| NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CODE | OR DESCRIPTION OF PAYMENT | AMOUNT PAID |
|---|------|--------------------------------|-------------|
| Wally's Wine Beverly Hills, CA 90210 | FND | Beverages for Fundraiser Event | \$110.80 |
| | | | |
| | | | |
| | | | |
| | | | |

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$110.80

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FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule H – Loans Made to Others*

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H

| | |
|--|----------------------------|
| Statement covers period from 02/16/2020 through 06/30/2020 | CALIFORNIA FORM 460 |
| | Page 60 of 62 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
GIPSON FOR ASSEMBLY 2020

I.D. NUMBER
1414387

| FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | (a) OUTSTANDING BALANCE BEGINNING THIS PERIOD | (b) AMOUNT LOANED THIS PERIOD | (c) REPAYMENT OR FORGIVENESS THIS PERIOD* | (d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD | (e) INTEREST RECEIVED | (f) ORIGINAL AMOUNT OF LOAN | (g) CUMULATIVE LOANS TO DATE |
|--|---|---|--|--|---|-----------------------------|--------------------------------------|---------------------------------------|
| | | | | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | | _____ % RATE | | CALENDAR YEAR PER ELECTION** |
| | | | | | DATE DUE | | DATE INCURRED | |
| | | | | <input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN | | _____ % RATE | | CALENDAR YEAR PER ELECTION** |
| | | | | | DATE DUE | | DATE INCURRED | |
| *Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E. | | SUBTOTALS | | | | | | |

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

- Loans made this period
(Total Column (b) plus unitemized loans less than \$100.)
- Payments received on loans
(Total Column (c) plus unitemized payments less than \$100.)
- Net change this period. (Subtract Line 2 from Line 1.)
(Enter the net here and on the Summary Page, Column A, Line 7.)

NET _____
(May be a negative number)

** If Required

Schedule I Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE I

| | | |
|-------------------------|------------|----------------------------|
| Statement covers period | | CALIFORNIA FORM 460 |
| from | 02/16/2020 | |
| through | 06/30/2020 | Page 61 of 62 |

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
GIPSON FOR ASSEMBLY 2020

I.D. NUMBER
1414387

| DATE RECEIVED | FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER) | DESCRIPTION OF RECEIPT | AMOUNT OF INCREASE TO CASH |
|---------------|---|---|----------------------------|
| 2/20/2020 | Los Angeles Chapter Parents Of Murdered Children San Pedro, CA 90731 | Accoount Was Closed When they Tried to Cash the check | \$200.00 |
| | | | |
| | | | |
| | | | |
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| | | | |
| | | | |

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$200.00

Schedule I Summary

| | |
|--|-----------------------|
| 1. Increases to cash of \$100 or more this period..... | \$200.00 |
| 2. Unitemized increases to cash under \$100 this period. | \$36.29 |
| 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... | \$0.00 |
| 4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... | TOTAL \$236.29 |

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Memo Reference: NON610
IN-KIND CONTRIBUTION